

District Facilitator Registration Form

Title of District Facilitator:	Dr.	Mr.	Mrs.	Ms.
Name of District Facilitator:	Last	First	Middle	
Job Title of District Facilitator:				
Name of school corporation:				Corp.#
Address of school corporation:	Street	City	Zip	
Telephone #				Fax#
E-mail address:				
Education Service Center Region:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9

Superintendent Signature: _____

Name (please print): _____

Telephone Number: _____

Return Completed Form to: Indiana Professional Standards Board
IMAP
101 West Ohio Street, Suite 300,
Indianapolis, IN 46204-1953
Fax: (317) 234-0209

Note: Communications will be sent to the superintendent,
if completed form is not received by the due listed in this guidebook.
